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IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 10/033,055 Confirmation No. 7860
Applicants : Ronald M. BURCH, et al.
Filed : December 27, 2001
For : **Analgesic Combination of Oxycodone and Celecoxib**
TC/A.U. : 1639
Examiner : Bennett Celsa
Docket No. : 200.1079CON

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450



Date: June 11, 2004

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/033,055
Filed: December 27, 2001
For: **ANALGESIC COMBINATION OF OXYCODONE AND CELECOXIB**

Sir:

Transmitted herewith is a **Response to the Restriction Requirement** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
	REMAINING	HIGHEST	AFTER	PREVIOUSLY	RATE	FEE		RATE	FEE
				PRESENT					
	AMENDMENT	PAID FOR		EXTRA					
TOTAL CLAIMS	Minus	=		0	x \$	9	\$	x \$	18
INDEP. CLAIMS	Minus	=		0	x \$	42	\$	x \$	84
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$140	\$	+	\$280

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136 (in duplicate)
☒ Other: **Return Postcard**
- ☐ Check(s) in the amount of \$**.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☐ Petition fee for extension under 37 C.F.R. 1.136
☐ Other:
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
☒ Any patent application processing fees under 37 C.F.R. 1.17.
☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

June 11, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 